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08/23/2005 ASELLMAN 00000001 200778 09242525

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- AUS 15 2005										
ADE 1 5 2005 Applicant(s): Sato	et No. -1480									
Serial No. 09/242,525	Filing Date 2/17/99		miner Co	Confirmation No. 1170		Group Art Unit 1711				
Invention: PROCE	SS FOR THE PREPA	RATION OF URET	HANE RESINS AN	D URETHA	ANE RESIN C	COMPOSITIONS				
	nent			pplication.						
		CLAIMS AS	AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	R	MTE	ADDITIONAL FEE				
TOTAL CLAIMS	3 -	45 =	0	 x	\$50.00	\$0				
INDEP. CLAIMS	1 -	20 =	0	X	\$200.00	\$0				
Multiple Dependent	Claims (check if appl	licable)			\$360.00	\$0				
EXTENSION FEE	1 ^{S1} MONTH	2 ND MONTH	3 RD MONTH		ONTH ☐ 590.00	\$0				
Other Fees:	<u> </u>					\$				
		TOTAL ADD	ITIONAL FEE FOR	THIS AME	ENDMENT	\$				
No additional fee is required. Please charge Deposit Account No. in the amount of . A duplicate copy of this page is enclosed. A check in the amount of to cover the filing fee is enclosed. A Credit Card Payment Form PTO-2038 is attached in the amount of \$ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.										
Karon G I	darrah Pag No 4	b 472	-	بالكهمك	NO 2	•				

PATENT APPLICATION FEE DETERMINATION RECORD Effective November 10, 1998 09/242525											5_						
Ŀ	. CLAIMS AS FILED - PART I . (Column 1) (Column 2)									SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY							
FOR NUMBER FIL			ER FILED	NUMBER EXTRA			1	RATE FEE		FEE	1	RATE	F	EE			
BASIC FEE									380.00		OR	840	-76	0.00			
TOTAL CLAIMS			1	2 minus 20= • 52				X\$ 9=		OR	X\$18=	9	3ŀ-				
IN	INDEPENDENT CLAIMS 20 minus 3 = 17						X39=			OR	X78=	1	26				
MULTIPLE DEPENDENT CLAIM PRESENT							+130:			OR		_	60				
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2							ł	TOTAL	4		OR	TOTAL	3:	v 2		
	CLAIMS AS AMENDED - PART II									- [10			LI-()		
L			ATTO 1)			olumn 2)	(Column 3)	SMALL ENTITY OR SMALL ENTITY									
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0	1/29/04 R	M (Colu	mn 1)		(C	olumni 2)	(Column 3)	^	DUI I. FE	= L			ADOIT. PEE				
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(MINO) (Cotu			_(C	okima 2)	(Column 3)	~	DOIT. FE			/	NOTT. FEE	•	ᅦ		
DMENT C		REMA AFI AMENI	ER	·	PR	NOHEST NUMBER EVIOUSLY NU FOR	PRESENT EXTRA	ſ	RATE		ADDI- IONAL FEE		RATE	TIO	DI- NAL		
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AMEN	ENST PRESE	ACCATION	_/	Minus		80	6	1	X39=	\dagger)(78=	H			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							H	. 405	+		OR		\vdash				
. 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						L	+130= 101A	1		OR	+260=		Į.			
_	" If the "Fighest Number Provincesy Palt For" IN THIS SPACE In less than 20, enter "20." "If the "Fighest Number Provincesy Palt For" IN THIS SPACE Is less than 2, enter "2." The "Fighest Number Provincesy Palt For" IN THIS SPACE Is less than 2, enter "2."							¥	XXX, REI	EL		OR ,	TOTAL COST. FEE	4	<u> </u>		
The "Highest Number Proviously Paid For" (Testal or independent) is the highest number found in the appropriate box in column 1.																	
XW	P10473									_							

Application or Docket Number